Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER Tom Torlakson for State Superintendent of Public Instruction 2010 | | | Date of This Filing05/05/2010 | Date Stamp | CALIFORNIA 497 | |
|---|-------------------------------------|-------------------|--------------------------------|-------------|-----------------------|--|
| AREA CODE/PHONE NUMBER (916)-34-8-9100 | I.D. NUMBER (if applicable) 1282317 | | Report No05052010-2 | | For Official Use Only | |
| STREET ADDRESS | | | Amendment to Report No. | Page 1 of 2 | | |
| CITY Sacramento | STATE CA | ZIP CODE 95841 | (explain below) No. of Pages2 | | | |
| Late Contribution(s) Rec | enived | | | | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|--|-------------------------------|---|--------------------|
| 05/05/2010 | Jeanette E. G. Parker Beverly Hills, CA 90210 | IND COM OTH PTY SCC | Homemaker n/a | \$4,000.00 |
| 05/05/2010 | Spectrum Surveillance Systems Los Angeles, CA 90043 | ☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC | | \$4,000.00 |
| | | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | |

| *Contributor Codes | |
|--|--|
| IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other | PTY - Political Party SCC - Small Contributor Committee |

Reason for Amendment:

FPPC Form 497(June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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|---|---------------|--|--|------------------------|-------------------------------------|--|
| AREA CODE/PHONE NUMBER (1.D. NUMBER (if applicable) 1282317 | | Report No05052010-2 | | For Official Use Only | | |
| STREET ADDRESS | | | Amendment to Report No. | Page 2 of 2 | | |
| CITY STATE ZIP CODE Sacramento CA 95841 | | (explain below) No. of Pages 2 | | | | |
| Late Contri | bution(s) Mad | е | | | | |
| DATE MADE | | MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) | |
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Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC